



Commissioner
Jon Weizenbaum

January 2, 2013

Administrator
Vibrant Home Health Care Inc
1707 S Broadway Suite #4
Sulphur Springs, TX 75482

Re: License number 011792
Provider number 743171

Dear Administrator:

Enclosed is:

_____ The Centers for Medicare and Medicaid Services (CMS) Form CMS-2567, Statement of Deficiencies, for the **Health Survey** conducted on **December 13, 2012**, which states that your agency is in compliance with the Conditions of Participation for **home health**.

_____ The Department of Aging and Disability Services (DADS) Form-3724, Statement of Licensing Violations, for the **Health Survey** conducted on **December 13, 2012**, which states that your agency meets the licensing standards in the Texas Administrative Code, Title 40, Part 1, Chapter 97, as a licensed **home health**.

Please keep a copy of the form(s) enclosed for your records.

Sincerely,

Shirley Turner, R.N.

Shirley Turner, R.N.
HCSSA Program Manager
Regulatory Services, Region 4 & 5

lkw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 743171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2012
NAME OF PROVIDER OR SUPPLIER VIBRANT HOME HEALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1707 S BROADWAY SUITE #4 SULPHUR SPRINGS, TX 75482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	<p>INITIAL COMMENTS</p> <p>An entrance conference was conducted on 12/10/2012 at 10:30 a.m., with the Administrator (Identifier #50). The staff was informed the purpose of the visit was for a Recertification survey. The surveyor provided the form, "What to Expect during Your Agency's Survey" which included the Department of Aging and Disability Services (DADS) online comment information.</p> <p>Current Census:</p> <p>Parent office: Sulphur Springs, TX. Licensed & Certified (L&C): 72 Licensed Home Health (LHH): 0</p> <p>Unduplicated admissions X12 months: 205</p> <p>An exit conference was conducted on 12/13/2012 at 5:40 p.m. with the Administrator (ID #50), Alternate Administrator/Alternate Director of Nurses (#51), Director of Nurses (#52), and one of the owners. Preliminary findings were discussed and a written list was provided. No deficiencies were cited. The agency was given the opportunity to ask questions regarding the survey. The agency provided the record copies during the survey. The agency was determined to be in compliance with 42 CFR Part 484, for Home Health Agencies.</p>	G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**STATEMENT OF LICENSING VIOLATIONS
AND PLAN OF CORRECTION**

Facility Identification Number: 011792	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE OF INSPECTION 12/13/2012
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NAME OF PROVIDER OR SUPPLIER VIBRANT HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 S BROADWAY SUITE #4 SULPHUR SPRINGS, TX 75482
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STATE TAG ID	SUMMARY STATEMENT OF LICENSING VIOLATIONS	STATE TAG ID	FACILITY'S PLAN OF CORRECTION	COMPLETION DATE
Z 000	<p>Initial Comments</p> <p>An entrance conference was conducted on 12/10/2012 at 10:30 a.m. with the Administrator (Identifier #50). The staff was informed the purpose of the visit was for a Re-licensure survey. The surveyor provided the form, "What to Expect during Your Agency's Survey" which included the Department of Aging and Disability Services (DADS) online comment information.</p> <p>Current Census:</p> <p>Parent office: Sulphur Springs, TX. Licensed & Certified (L&C): 72 Licensed Home Health (LHH): 0</p> <p>Unduplicated admissions X12 months: 205</p> <p>An exit conference was conducted on 12/13/2012 at 5:40 p.m., with the Administrator (ID #50), Alternate Administrator/Alternate Director of Nurses (#51), Director of Nurses (#52), and one of the owners. Preliminary findings were discussed and a written list was provided. No violations were cited. The agency was given the opportunity to ask questions regarding the survey. The agency was determined to be in compliance with the applicable Texas Administrative Code, Chapter 97, Licensing Standards for Home and Community Support Service Agencies (HCSSA) regulations.</p>	Z 000		

FACILITY REPRESENTATIVE'S SIGNATURE:

TITLE:

DATE: